AN

INAUGURAL ESSAY

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An Inaugural Essay
on
Erysipelas. &c.

Of the whole concourse of diversified and complicated diseases, to which the human frame is incident, there are none perhaps more interesting to the mind of the medical practitioner, or which require more attention & investigation on his part, than the different inflammations, or phlegmasia as they are termed by Dr. Cullen.

The different appearances, which are presented by each individual species, the great variety of causes inducing them, the different tissues of the body liable to be affected by them, the numerous train of symptoms appertaining to each, and the particular mode of treatment adapted to the particular kind, all form a subject, which, since the time of Hippocrates down to the present day, has exercised the ingenuity & talents, and called forth the skill of some of the most eminent physicians.

From the extensive range of the subject, and from the obscurity in which many of the phenomena are involved, we read-

-ily comprehend why great discrepancy of opinion has prevailed on this important branch of pathology: and it is matter of serious regret, that the doctrines, which have been advanced, have been rather speculative than practical. It is not material to the subject of this essay, to enter into an account of these discussions: though we cannot pass them over entirely, without mentioning, that none have afforded a wider or more fruitful field for speculation, than the proximate cause of inflammation: but after all that has been written or said upon the subject, no just or accurate conclusions can be drawn, and we must candidly confess, that in the present state of our knowledge, it is not distinctly known, in what it really consists.

Every part of the body is prone to inflammation, and although the disease retains its own general characters in all, still it presents certain peculiarities, according to the part, in which it is seated. Hence the division into general & local, external and internal, and these again, according as a particular tissue or organ is affected. These tissues are variously designated and divided. Bichat's division is considered a very correct and satisfactory one, tho' perhaps rather too minute for mere pathological

inquiries. On the present occasion, the more simple one, into the mucous, serous, fibrous, nervous, cellular, & dermoid, will, we think, answer every purpose. These are so denominated, partly from certain fluids, which are excreted from their surfaces, & partly from certain peculiarities of structure, which they possess.

Inflammation therefore is modified by two circumstances; 1st. by the nature of the part, in which it is situated, & 2d. by the causes, which have induced it. It may occur in any one of the above tissues, and its termination will be different according to the nature of such tissue, upon which it fixes itself. Thus inflammation of the mucous tissue most frequently terminates in an increased flux and altered state of its secretions, often puriform, accompanied by a thickening of the membrane. Inflammation of the serous tissue may terminate in effusion & adhesion; that of the fibrous & nervous in effusions of a particular kind; that of the cellular in resolution, suppuration, and adhesion.

The dermoid tissue however, is the one, with which we are most concerned at present. By it, we understand the whole cutaneous covering of the body. Inflammation when attacking it, is most similar to simple phlegmonous inflammation, and more generally ter-

-minates in resolution or the effusion of a fluid, which is poured out under the cuticle, and raises it up into the form of a vesicle containing the effused fluid.

Having made these necessary, tho' imperfect preliminary remarks on inflammation, it next becomes our object to advert to the particular subject of this essay; viz Erysipelas. — The tissue, of which we have last spoken, is disposed to a great variety of inflammatory affections; differing materially, not only in their external characteristic features, but also in their mode of attack, their duration, symptoms, & mode of treatment. Not the least interesting of the group, is the one before us.

The term Erysipelas is derived from the two Greek words ερυω to draw, and πελας adjoining; so called from its tendency to draw the neighbouring parts into the same state, or in other words, from its propensity to spread. It is also denominated Rose, or St Anthony's Fire.

The Arabian physicians notice this disease under the title of Almesire, and distinguish it with great accuracy from Phlegmon; & their accounts of cutaneous diseases in general are said to be more correct and diffuse than those either of the Greeks or Romans. Among the latter Galen was probably the first, who afforded any

distinct history of the disease, tho' he appears to be more anxious to distinguish it from Phlegmon, than to afford any minute description of it. —

Erysipelas may be defined to be an inflammatory, cutaneous, and slightly elevated swelling, yielding upon pressure, and irregularly circumscribed. The definition afforded by Willan appears objectionable from the circumstance of his considering in it, vesications as an invariable attendant, which, as will be seen hereafter, is not the case. Medical and surgical writers in ancient times, paid much attention to the investigation of the differences between this disease & Phlegmon, and this we find likewise to be the case with some of the moderns. According to Galen; "Heat & tumefaction are symptoms common to both diseases, but the colour in them "is different; that of Phlegmon being a vivid, permanent red: that "of Erysipelas, a pale red inclining to yellow, which is easily obliterated by a touch of the finger, and which returns, when the "pressure is taken off. In Phlegmon the tumour is hard, tensive, "and painful; in Erysipelas, it extends diffusely with considerable "heat and uneasiness; but without tension or throbbing. Phlegmon "is seated deeply in the flesh; whereas Erysipelas does not penetrate far

"below the skin." These distinctions may be considered the same as those made by the more modern authors generally. Cullen divides cutaneous affections into two kinds; viz Phlegmon & Erysipelas, and the latter again into Erythema & Erysipelas proper: these last two differing, in the first being entirely a local affection, & the other constitutional. Of the two kinds, the one varies from the other in much the same circumstances, as those mentioned by Galen: and also in their termination. The differences between Phlegmon & Erysipelas seem to depend principally upon the different seat of the disease: the former being situated in the cellular texture & the latter in the external surface of the skin communicating with the rete mucosum. Willan, without being influenced by any hypothesis or opinion upon the subject, proceeds at once to form his varieties. Some of the modern writers also seem very anxious to establish a strict distinction between Erysipelas & Phlegmon, on the ground that their symptoms, causes & mode of treatment are different. Among them, we may enumerate as most distinguished, Pearson, & Samuel Cooper. The former of these has carried his ideas so far, as even to doubt whether Erysipelas ought to be classed among those affections, which possess the specific charac-

-ters of inflammation, & proposes that it be esteemed a Genus, having its own peculiar characteristics. Mr. S. Cooper, in some respects, agrees with the above-mentioned author. His views are thus expressed: "Though the affection may have such relation "with the latter disorders (the inflammatory) as will not allow it "to be considered as a positively separate species of disease, yet "if its symptoms be investigated with care, it will be found that "these relations are sufficiently remote to make Erysipelas & "Phlegmon be regarded as two very distinct kinds of inflam-"mation". Dr. Dorsey in his principles of Surgery has advanced a doctrine very different from, and opposed to the one above mentioned. He states that the remote causes of Erysipelas cannot be distinguished from those of inflammation in general, and that the particular state of constitution existing at the time, influences them in producing phlegmon or Erysipelas. With his sentiments we feel disposed to coincide, and to consider that the idea respecting the remoteness of the relation between Erysipelas and Phlegmon is without a just foundation. If we revert to the division which has been made of the membranes, and apply the remarks which have been offered relative to the respective

seats of Erysipelas & Phlegmon, fixing one in the cutaneous surface, and the other in the cellular substance, the conclusion follows, that the one is a disease coming properly under the head of cutaneous affections, or the exanthemata of Cullen, and the other is a disease belonging to those of the cellular tissue. — But though we should take this view, it does not follow, that Erysipelas should be confined to the skin. From the violence of the inflammation, it is possible for the disease to be extended to the cellular membrane beneath, and involve it to such a degree, as to cause its entire destruction. In such cases we find that an imperfect purulent matter is generally formed. We must therefore consider Erysipelas as a truly inflammatory cutaneous affection; differing, as most others of the class, in its degrees of violence; having its own peculiar characteristics; the eruption being preceded by febrile symptoms; and arising from a variety of causes both external & internal; but which are of the same kind, as those inducing common inflammation.

Numerous varieties of Erysipelas have been noticed; in many instances purely speculative, and accommodated to the particular views of the authors. Galen's account of the varieties of

this disease is founded upon the doctrine of the four humours supposed to exist in the body. Willan's division is into four species: viz Erysipelas Phlegmonodes; E. Oedematodes; E. Gangrenosum; & E. Erraticum: the first three affecting the face, breast, or extremities, and the latter indiscriminately any part of the body. Cullen, it would seem, has made no particular classification. Pearson has made a division into the acute, oedematose, & malignant or gangrenous species. Armstrong has two species, viz the phlegmonoid & erythematic: considering them however as mere modifications of the same disease, and solely dependent for their peculiarities on the condition of the patients whom they attack, and the extent of the inflammation:— and many others might be mentioned, whose arrangement was different from any of the above. As therefore most of these divisions appear to be arbitrary, and their species to be dependent for their titles on certain additional symptoms, which have been occasionally observed, or as particular parts might chance to be affected, it would perhaps be the better plan to consider them as mere modifications of the same disease arising from constitution, situation, habits &c; and differing only in their grade and locality. We shall, on this account, adopt no particular division.

Erysipelas may attack any part of the cutaneous surface; but of all, the face appears to be most predisposed to it. Why this should be the case, it is difficult to explain: tho' it is probably from its being so much more exposed than any other, and therefore capable of being acted on more readily by vicissitudes of weather, one of the most common causes of the disease. As the symptoms are common to the disease, whatever part it attacks, we will describe it when the face is its seat.

The disease comes on with the usual symptoms of pyrexia (tho' these are sometimes absent); such as coldness and shiverings, alternated with flushes of heat, a full frequent and somewhat hard pulse, furred tongue, a sensation of languor, drowsiness, and pain in the head, loss of appetite, dull, obtuse pains in the back & limbs, or sometimes a sense of stiffness or soreness in the neck. Delirium is very often an attendant. The febrile symptoms having continued from one to three days, a redness becomes perceptible, at first of no great extent, and appearing at different places: sometimes about the angle of the lower jaw, or on the cheek, or at the side of the nose. Each part, as it becomes affected, also swells considerably. The red-

-ness has a mixed hue, and readily disappears upon the application of pressure, but quickly returning when the pressure is removed. It is attended also with a distressing sensation which is of a burning or tingling kind. The redness & swelling extend gradually over one side of the face, or across the nose to the other side: or sometimes it travels over the whole scalp, descending on some part of the back of the neck; or it may pursue the same course in front, and descend as low as the breast or clavicles. As the redness spreads to other parts, it either decreases, or leaves entirely those parts it had before occupied. The eyelids frequently become very turgid and close the eyes, so as to disfigure the countenance of the patient exceedingly. The surface of the tumour is shining, elastic & smooth, not distinctly circumscribed, and destitute of any hardness, tension or throbbing. The symptoms may continue for an irregular period: tho' generally from five to ten days; the fever suffering no remission on the appearance of the eruption, but continuing, either in the same degree as at first, or increasing in the same ratio as the eruption.

The inflammation may terminate either in Resolution,

(in which case, a furfuraceous matter is thrown off from the part, commencing at the edges of the tumour); or in the production of vesications, which contain a fluid possessed of different qualities, at first clear & watery, and afterwards straw coloured & opake, & when discharged, liable to excoriate the parts over which it runs. The places on which these vesications have existed, become covered with a livid or blackish incrustation. The disease may also terminate in Suppuration, when it is extended to the cellular membrane. The eyelids are, for the most part, liable to injury from this cause. The disease may also carry its ravages so far as to destroy even the texture of the eyes themselves, an instance of which will be found among the cases near the close of this essay —

These are the usual symptoms, appearances &c of Erysipelas, when it attacks the face. Next to it, the upper & lower extremities are parts, on which it is most likely to fix itself. When these, or any other part, become its seat, the same routine, with little variation is pursued.

Anomalies occur in this disease, as well as

in many others; as for instance, in some cases the tumour is completely formed on the second day, and vesications appear on it the same evening: in others, the eruption will disappear & return again: sometimes both sides of the face are affected simultaneously, and sometimes the glands of the face & neck become involved. Occasionally the disease has appeared upon one part of the body, as the face, & has travelled progressively downwards to the lower extremities. Cases of this kind are mentioned by Willan & Pearson.

Erysipelas seldom attacks persons before the age of puberty: but is rather a disease of advanced life: and is more frequently to be met with in women than in men. Those most prone to it are commonly possessed of a sanguineous or plethoric & irritable habit of body. It is often periodical in its recurrence; and in some instances has occurred once or twice every year, & sometimes oftener. This circumstance, of its liability to occur so frequently in the same person, has been brought forward as an objection to its having a place among the exanthemata, as one of the leading features of the class is, that they are incident but once to the same per-

son. Cullen however has given us no positive reason for his overlooking this circumstance; although he says that the exanthemata are of three different kinds, and he places Erysipelas among the second, as an eruptive fever produced by a matter generated within the body itself. At any rate the objection urged cannot be esteemed a valid one, since we know, that in every large collection of diseases, there are always variations from the general rule.

Erysipelas does not seem to be confined to any particular season of the year. It may occur at any period, tho' it is said to prevail more in the autumn, and whenever hot weather alternates with cold or wet.

The causes of Erysipelas are not distinctly made out; writers disagreeing frequently in their details of them. Among them are recognised, violent passions of the mind as anger, joy, grief &c; exposure to the heat of a fire or to the rays of the sun, or the impression of a draught of cold damp air, particularly after violent exercise, intemperance; suppressed evacuations, or other causes inducing plethora: or it may arise from wounds, punctures, bruises,

and injuries of any kind: or it very frequently is induced without any evident cause. In fact the disease may be brought on by any of the common causes of inflammation. Of those which have been enumerated, exposure to cold and intemperance appear to be the most prolific sources.

Erysipelas has not by writers generally been considered contagious: but by some, on account of its frequency and the numbers afflicted with it at the same time, it has been ascribed to Epidemic influence. In the 2d Vol: Med: & Chirur: Transactions, a paper is contained, which was read by Dr. Wells before the Society in the year 1798: and in which are related cases, which had occurred both in his private and Hospital practice. The object is to establish, in some measure the idea of the contagious nature of this disease: and the circumstances mentioned are certainly very striking. No positive conclusions are however drawn by him: tho' he states in a cautious manner; "that the facts seem to prove that "it may, at least in some instances be communicated "from one person to another": he recommends therefore that attention be paid to them, and that we ought, in all

instances, to guard against its spreading. An instance is also related by Willan, of a young girl having been afflicted with this disease, in consequence of exposure to cold, whose mother (her only attendant) was a short time afterwards suddenly affected with the usual symptoms. But, as he states, no satisfactory conclusions can be drawn from a single instance, and he had not met with another since. Dr. Cullen, on this point, thus expresses himself. "The disease is not commonly contagious, but as it may "arise from an acrid matter externally applied, so it is "probable that the disease may be communicated from "one person to another." His ideas, and those of Dr. Wells, appear therefore to correspond. Mr. Pearson thinks there is reason, from the circumstance of several persons in the same ward of a Hospital being affected at the same time, to conclude, that it is occasionally an Epidemic disease, but is unable to decide whether it is or is not contagious. Mr. Cooper holds the same opinion. Dr. Thomas states that some instances have occurred in his practice, which induce him to think that Erysipelas is occasionally

contagious, and that his supposition is confirmed by certain cases recorded in the 1st. Vol. Medico-Chirurgical Journal. Armstrong, on the contrary, tells us expressly that he has met with no facts, which would at all warrant him in a belief of its contagious nature. But although most appear to be so doubtful, whether the disease, as occurring in out-door practice, be contagious, yet all agree in describing it as so common in Hospitals as to lead to a belief either in its dependance on contagion, or most certainly on Epidemic influence. It has sometimes been produced in a large number of persons at once in the same ward, where the utmost attention has been paid to cleanliness and to the personal comforts of the patients. In the Pennsylvania Hospital, some years ago, Erysipelas prevailed to such an extent, and appeared to be so invariable a result upon the infliction of a wound, or the most simple operation (as the opening of an abscess or bubo) that the greatest care was requisite, and it became in fact necessary for the surgeons of the House to dispense for a while with the use of the ~~bistoury~~ knife. It must be evident

to all, who have ever visited this well-conducted Establish-
-ment, that the disease could not have arisen from any
foul or impure state of the atmosphere within the ward,
or from a neglect of either of the precautions just mentioned.
We are brought therefore from the above facts almost
irresistibly to the conclusion, that this disease is dependant
sometimes on a peculiar Epidemic influence connected
with some general or local state of the air. We have no
mention made by writers of our own country, so far as
our observations have extended, respecting the occurrence
of a contagious disposition in the private cases which
have come under their notice—Before leaving this part
of our subject, we will just remark, that it is said,
that the disease can be communicated by inoculation
or accidental application of the matter of the vesicle.

We will next proceed to offer some remarks upon the
Prognosis and Diagnosis of this disease— The former is to be
regulated by the extent of the disease, its intensity, and the part,
which it affects, that of the face being always the most dangerous.
It has been allowed on all sides, that Erysipelas is susceptible of

metastasis from the external to the internal parts, and the degree of danger would appear to depend principally upon the probability of this occurrence: and we are to judge of this by the delirium and coma appearing early and increasing. If neither of these are present, the prospects are favourable. If the disease arises in a full plethoric habit of body, commences early, occupies the face, or is attended with unusually high inflammatory symptoms: or if the fever be of a typhoid character: the eruption of a very dark colour, if it suddenly recedes from the surface, and is accompanied at the same time with prostration of strength, the risk of the patient is great. A pale skin and great advancement in years are also among the unfavourable prognostics. When the swelling has a soft and puffy feel, and extends over a large portion of surface, or the vesicles are of a livid or black colour, and contain a fluid of a brownish hue, or when the cellular membrane becomes much involved, the pulse being at the same time weak & quick, great danger is to be apprehended. A suppression of urine is said to be a fatal symptom, and deficiency of it, an unfavourable one. Metastases, besides taking place from the external to the internal parts, are also related to take place from one part of

the external surface to another, an instance of which is related by Desault. The latter author considers the obstinate ulcers and gangrene, which are occasionally sequelæ of the disease, as dependant either upon a want of care or upon the mode of treatment. When the disease has occupied the face and proved fatal, inflammation of the brain and its consequences are to be traced —

With regard to the Diagnosis, little need be said. Erysipelas can only be confounded with Erythema or phlegmon. Of its difference from the latter we have already sufficiently treated. The idea which we entertain respecting Erythema is, that in its mild forms, it appears to result from the application of certain poisonous substances, whether animal, vegetable or mineral: as the stings of various insects; the different irritating species of plants vines & shrubs, found in the forests and other places; or it may arise from certain articles of food taken into the stomach: From among the latter, as an instance, we may select Strawberries; ~~as~~ ~~xxx~~ which, it is well known, occasionally produce an exanthematous efflorescence over the whole surface. This opinion, tho' not conformable to

that of most of the systematic writers, we cannot avoid expecting. All the above have likewise a mere temporary effect upon the skin, without in general affecting the system: Erythema therefore, can hardly be esteemed deserving a place among the species of Erysipelas (as has been supposed by some); which is always a constitutional affection —

From the variety of opinions entertained by writers on Erysipelas, respecting its causes, appearances, species and seat, it is not surprising that its pathology should have been involved for a long time in doubt and obscurity. Without entering into an account of what was in former times the prevailing doctrine, we will at once direct our attention to that, which is now in a great measure in vogue. It is, that the disease is invariably seated in the stomach, in common with the rest of the exanthemata or cutaneous diseases: and is connected with a disordered state of the chylopoietic viscera, and perhaps with a morbid condition of the bilious secretion. The subjects in whom it is most frequently to be found; the symptoms indicative of gastric disorder, which usher in the disease, such as nausea, sickness at stomach, loaded tongue &c; the circumstance of those persons being most liable to it, who are

prone to bilious disorders; and the post mortem appearances, said to be confined to the mucous membrane of the stomach; are all evidences of the gastric origin of this disease. Another circumstance confirming this position is, that the disease is very often seen in persons who are intemperate in their habits, as consequent upon some local injury which has been received while in a state of intoxication. If the observation be a correct one, that Erysipelas is most frequent during the autumn when hot weather succeeds cold & damp, it might be included as an important fact in favour of the position. Indeed, so much dependance has Erysipelas upon the condition of the alimentary canal, that a Roman author well observes, 'that the disease is often removed by the evacuation of the irritating cause from them'. The same opinion is likewise acquiesced in by others and by some of the moderns.

Having now given, as well as lay in our power, a general summary of the phenomena &c of this disease, we will next proceed to explain the mode of treatment to be adopted.

No febrile disease has ever been treated more empirically than Erysipelas, and there is no one, in which the testimony in favour

either of a particular remedy, or of a set of remedies, has been of a more conflicting character. This may be attributed for the most part to the opposite and totally different views entertained respecting its pathology: some pursuing the usual antiphlogistic plan, and treating it as a purely inflammatory affection: and others as one dependant on irritability. Assuming however the correctness of the pathology, which we have afforded above, our mode of treatment must correspond accordingly. The remedies employed in the cure of this disease are both general and local. The general remedies will be first spoken of. These are numerous, and the selection and application of them will frequently require much discrimination and care: they are to be regulated in their employment by a variety of circumstances, among which not the least in importance is the constitution and habit of body. A celebrated author thus expresses our idea. "When an acute disease "occurs in constitutions previously sound and robust, active meas-"ures reduce that disease, and still leave the system possessed of "considerable tone: but when an acute disease attacks constitutions "broken and enfeebled, the very shock of such active measures would "be either immediately fatal or induce a dangerous exhaustion and "irritation: and in the latter instances therefore it is most expedi-

"ent to combine those moderate means, which, while they lessen in-
-"flammation, also allay irritation: thus compensating the demands
"made on a system tremulously susceptible". And again: "No prepos-
"sessions for a particular practice should ever be allowed to make us
"act with the least degree of precipitancy, where an acute disease
"attacks any one wasted by pain, sufferings &c: for in such cases,
"confident boldness is but perilous temerity: whereas a cautious ad-
"aptation of means to the local disease, as influenced by the
"general circumstances, always affords the fairest chance of success".

Of the correctness of these sentiments no one can doubt, nor do we hesitate to assert, that the discrepancy of opinion relative to the cure of Erysipelas, must be, in part at least, attributed to the different circumstances, under which it has existed.

The Indications of cure in this disease we conceive to be;

1st. — To reduce vascular action, when too high.

2d. — To promote a determination to the surface of the body, and to support a gentle Diaphoresis.

3d. — To allay irritation, and remove uneasiness.

4th. — To support the tone of the system, and prevent a termination in Gangrene or Sphacelus. —

The first of these Indications is to be fulfilled by means of blood-letting, cathartics, emetics and nauseants – Great controversy has subsisted among practitioners both ancient and modern, as to the efficacy, or rather the propriety, of the abstraction of blood. By some it is advised, not as an antiphlogistic mean, but as a remedy intended to obviate the effects said to be produced by the stimulus of the disease. Bleeding is recommended by all the older physicians except Galen. Cullen includes it under the antiphlogistics to be employed, and Sydenham employed it indiscriminately. Among the moderns we find Armstrong, Cooper, Desault &c

The quantity of blood to be drawn is to be regulated by the age and ability of the patient, the part attacked, the state of the pulse, the appearances of the blood when drawn, and the degree of inflammatory symptoms. Erysipelas, as it occurs in the great majority of instances in this country, is of an inflammatory character, and sometimes very violent, requiring therefore depletion: but in some cases (tho' they are rare) it assumes a typhoid shape, and then of course, opposite measures are necessary.

It is stated that on some occasions the pulse is depressed in the commencement, giving rise to a supposition of debility existing

and hence contraindicating the use of the lancet. But we are directed to not be deceived by this circumstance, and to make use of depletory measures as if this were not the case. In general from ℥x to ℥xij will be sufficient, to be repeated if necessary. In patients, who are intemperate in their habits, or where there is any disposition to metastasis prevailing, caution is requisite.

As regards local or topical bleeding, the denunciations against it were almost universal at one time, and this not from any want of confidence in its efficacy, but from a fear that the bites of the leeches used for this purpose, would always degenerate into troublesome and even gangrenous ulcers. But in how many instances of late years has this been proved to be groundless? Among many others, we may allude to those related in the 2d. Vol: of American Journal by a highly respectable and esteemed practitioner of this city. In the first case, their application was an accidental circumstance, but the result was favourable: so much so as to induce him to make trial with them in two other cases, and in which the same benefit was derived from them. In the editorial remarks subsequent to the article, the practice is highly praised & confidently recommended;

and in order to prove its utility, the practice of the French physi-
-cians is cited.—

Another means of reducing vascular action is purging. Cath-
-artics compose also part of the antiphlogistic regimen: and are highly
spoken of by some of the ancients. It is not requisite that they be of
an active or drastic nature. As we have supposed the disease to
originate in some measure from a disordered state of the bile &c:
those cathartics, which would tend to correct this, would be prefa-
rable; and for this purpose there is none better than Calomel.
It should be followed by some other of a mild and cooling nature,
as Magnesia, Rhubarb, or any neutral salt. The exhibition of
severe purges has been said, in some instances, to have been productive
of injurious consequences.— As tending to promote the same effect,
and to evacuate the bilious or irritating matter, emetics are a
remedy of value. They are, it is said, most efficacious after bleeding
and when taken early. Richter, Hevennin and others employed
them, sometimes in the commencement of the disease, and sometimes
when other means had failed. In this city the practice is, we beleive,
very common: they should in general be of a mild kind.

As regards nauseants, we know only of one authority

by whom they are used, viz Desault. It is his practice to administer, in all cases, gr j of Tartar Emetic dissolved in a pint of water, to be taken at intervals. It has the effect of both keeping up a constant nausea, and at the same time producing several evacuations by stool: and the practice is stated to have been very successful.

The Second Indication consisted in promoting and supporting a gentle diaphoresis. This is to be done by the usual means: as the Spt. Eth: Nitros:- Nitrate of Potassa- Dover's powders; the different preparations of Antimony and Ipecac: either alone or in combination with Nitre;- the Spiritus Mindereri &c: to be aided in their operation by free dilution

To fulfil the Third Indication, we are to make use of the various narcotics and Anodynes; such as Opium, Camphor, Hoffman's Liquor: &c- Opium however, in many instances is not of utility in the form of Laudanum since it is liable to act reversely from what was intended, and to increase rather than diminish the irritation & uneasiness: In such cases, we may substitute the Black Drop- or what might be more beneficial; the Denarcotised Tincture of Opium-

It is only in very severe cases that the Fourth Indication requires fulfilment; where the patients strength is declining, while the disease is increasing, or in other words when the symptoms are typhoid. It would appear however, that in most of these cases the disease will run its course, in despite of all efforts made to prevent it, and will terminate either fatally, or in the destruction of the parts. Tonics and Stimulants therefore, such as bark, Wine, the Mineral acids, Volatile Alkali in combination with Opium; Cordials of different kinds,— and the like. Bark is the principal remedy, upon which the London practitioners rely. In cases where Coma prevails to a great extent, the semicupium and sinapisms applied to the feet are found of service. Blisters between the shoulders, when the head and face are the seat of the disease, are often found of service.— With the employment of the means we have detailed, a strict antiphlogistic regimen is to cooperate; such as keeping the part at rest & in an elevated position; avoiding animal food and an exposure to cold; abstinence from heating drinks of all kinds, &c. The diet should consist for the most part of the farinacea, gruel, panada, or any light nourishing article. The drinks may be composed of Barley-water,

rice water &c-(slightly acidulated with either the vegetable or mineral acids): lemonade, solution of Cream of Tartar in water, and others of the same nature. —

These are all the remarks we propose to make respecting the general remedies to be employed in Erysipelas: the topical treatment will therefore next engage our attention: and we shall find that probably much greater diversity of opinion prevails in relation to them, than on any point which we have yet touched upon. Dr. Thomson in his great work on inflammation, says; "The local or topical treatment of inflammation consists in "the judicious use of a variety of means, which are termed local "or topical remedies: but it is to be regretted that the choice of "these means, the place and manner of their application, their "proper combination, the length of time they should be persisted "in, and the mode in which they should be varied, in order to "procure the resolution of different inflammatory affections, "require more practical skill, and more attentive observation, "on the part of the practitioner, than usually falls to the lot of "those who administer them." How well these remarks apply to our own subject, where so many points are unsettled, will, we

think, be evident presently. By one set of practitioners all external applications are strictly prohibited: by another, nothing but a dry mealy powder is allowed: while others again express their partiality for some particular remedy, to the exclusion of all others. The subject, on this account, has been for a great length of time, and is even now, in a vacillating state, and the fears of producing a metastasis, have created the most absurd prejudices against our most efficacious remedies. The Narcotics & Astringents are said to produce a tendency to Gangrene: Unctuous applications to protract the disease, and make the swelling spread: and repellent and cooling ones to endanger a metastasis.

With regard to the latter occurrence, it sometimes takes place when no external application whatever has been made use of, and without any evident cause. Cullen used nothing but a dry mealy powder in the milder forms of the complaint, for the purpose of relieving the pain, and for absorbing the irritating fluid discharged from the vesicles, and thus preventing it from running over and excoriating the parts in the neighbourhood.

It is, we believe, now acknowledged that the remedy fails frequently in fulfilling the first intention, and that it tends ra-

ther to aggravate the disease, by forming hard irritating crusts upon the surface,— Willan is also averse to topical applications, and to allay the above symptoms, he merely recommends that the parts be washed with some mild decoction, or milk or bran and water &c. Aware therefore of the uncertainty and doubts which have rested upon this subject, it became our object to ascertain if possible, by repeated trials, of what value any of these remedies were possessed, and how much superiority one had over another, or whether any of those in vogue at different periods, or that are now known & used, were really entitled to the appellation of specifics. We will accordingly treat of them separately, and under each remedy, insert the cases in which we have known or seen it used.

Those which are most employed at present are, 1st. Dry powders, as Rye Meal, bran, Starch, and the like.—

2d. Refrigerants, as cold water, or solutions of certain salts.

3d. Unctuous applications, as the Ung: Hydrargyri. &c—

4th Narcotics & Astringents, as opium, acetate of lead &c—

5th Blisters— 6th— Scarifications— 7th— Emollient cata-plasms—

We have already spoken of the dry powder. The second application enumerated is cold or rather refrigerants. These, as has just been said, are condemned by some, from a supposition of their liability to produce a metastasis of the disease. But they are of so much service in reducing the inflammation and relieving the sufferings of the patient, that the objection has been frequently overlooked, and they have been used by ~~any~~ many of our most intelligent & judicious physicians. Thomas, an English writer, whose reputation & works stand high, & whose authority we had before occasion to quote, recommends them unequivocally; as also Desault, Cooper, Parry & many others.

Cold water is most usually preferred for the purpose: & its temperature may be much reduced by dissolving certain salts in it, as the muriate of ammonia, Nitrate of Potassa, Sulphate of Soda &c. The first of these is most generally preferred by the London Practitioners. The Liquor ammoniæ acetatis is also sometimes used. — Having said thus much in favour of cold applications, we will proceed to illustrate their benefit by mentioning a case which occurred in September 1826, & in which they were tried. Before doing this however, we beg leave to insert one or two cases, which occurred to us, ~~in~~ and in which the character, symptoms, and most usual mode of

treatment of the disease are exhibited. —

Case 1st — A. McC —— aged 40 an:- early on the morning of the 15th January. 1825. was attacked with a chill. succeeded by fever:— Complains of loss of appetite, nausea & bitter taste in the mouth: has taken some cathartic medicine, which operated imperfectly: Skin warm, & inclined to moisture, tongue slightly furred.— Directed to take Submur: Hyd: gr. v— & afterwards Sulph: Soda ℥ss: with free dilution with barley water:—

Jan 16th — Attacked with Erysipelas of the nose, upper lip, & cheeks partially: skin warm, pulse full: has not taken the Salts. Directed Sulph: Soda ℥j— & free dilution. —(17th)— Eruption fading on the nose & lip, but increasing on the cheeks: bowels moved frequently: skin warm; pulse rather full: Directed VS. ad ℥x & continue dilution:—(18th)— Eruption spread to forehead & ears: skin cool: pulse natural: tongue clean:—(19th) Eruption more extensive on forehead, and disappearing from cheeks. No disposition in it to vesicate: pulse full: skin warm: tongue clammy, & bowels unmoved. Directed VS. ad ℥x et ℞. Sulph. Soda. ℥j— Tart: Ant: gr. j in divided doses. In the evening the blood presented a slight buffy appearance, several loose stools from the medicine: which

was taken in four doses. (20th) Inflammation &c subsiding - complains merely of debility: bowels continue moved: and on the 21st the patient was convalescent. ——

Case 2d. — April 22d 1827. — James S. —— stat am: — Erysipelas of the face: fourth day of the eruption: slight vesication, pulse and skin natural: tongue covered with a yellow fur: bowels open from medicine. —— ℞. Potass. Nit: ℥ij. - Ant. Tart: gr. ß. - Aquæ Bullient: ℥iij. - Syrup: Limon: ℥j. - A tablespoonfull every two hours. (23d) Erysipelas fading on the right cheek, but extending to the left; bowels open: pulse & skin natural. Continue. — (25th) Redness &c slighter on left side; tongue becoming cleaner: skin & pulse natural; bowels freely purged; Continue —— On the 26th scarce any vestige of the inflammation remained, and he was only restricted in diet.

In the above cases it will be observed, that no topical applications were made use of. — The case treated by cold water comes now next in order.

Case. The subject in this instance was Benjamin H. —— a porter in a brewery in this city. On the 25th Sept. 1826. he received a severe kick from a horse on the back of the neck, which prostrated him; and while in the act of falling, he struck his head against

a plank, which produced a wound of the scalp from 2 to 3 inches in length, a short distance above the right eye. In a day or two he recovered from the immediate effects of the accident, and was allowed to return to his occupation. Oct 4th he again desired medical advice, an erysipelatous inflammation of the face & scalp having come on the day previous. The face was much swollen & inflamed: the eyelids almost closed: considerable heat existed in the part: pulse full: and wound suppurating — Directed Sulph: Sodæ ℥j: and to apply cloths wet with cold water constantly to the parts: & a poultice to the wound. (Oct 5th) Swelling somewhat subsided: Continue. — (6th) Great improvement. Discontinue Salts, and continue application. (7th) Hardly any traces of the disease perceptible: the wound ceased suppurating — (9th) Entirely recovered. —

The third local applications we mentioned were the unctuous. Though these have been so loudly proscribed by most writers both ancient and modern: yet no just or definite reason has been given for their so doing. Nor have we any accounts as to what particular kinds were made use of. Of late years these absurd notions of their impropriety have been disregarded: and unctuous applications have been introduced into practice, and have proved effect-

ual remedies for relieving the pain and irritation, and also, as it is said, for cutting short the progress of the disease. The credit of introducing them into this country is justly due to Drs. Dean & Little of Pennsylvania: the former of Chambersburg, and the latter of Mercersburg. They employed the mercurial ointment. The cases in which it was tried by Dr. Dean are published in the third number of the Medical Recorder for 1820. No particular reason is given by either of them for selecting this preparation: but they state in the most decided & positive terms, that their success with it was almost uniform: thus completely contradicting the assertions of those who have been averse to them.

They employ the remedy indiscriminately either in the inflammatory or typhoid species. Their testimony being so unequivocal and their reputation in high standing, confidence was placed in their mode of treatment, and it became the almost universal one in this city. The trials made with it answered expectation generally: and at length it was esteemed almost a specific for the disease. Other preparations of mercury were also made use of, as the citron ointment, calomel ointment &c. It became a question at this time, whether the real efficacy of the remedy was to be ascribed to the mercury or the lard. Experiments were therefore made with both, and both were

found to answer the purpose. Solutions of Corrosive Sublimate were applied in many instances with great benefit. This latter application, (as appears from a note subjoined to the article above alluded to) was made use of by Dr. Scholl of this city for many years, and with much success, in the proportion of gj to ℥j of water. The editor also states his belief from experience in its efficacy. The Mercury is supposed to act upon the principle, that no two actions of a different nature can exist at the same time, and one must therefore yield to the other.

In one of the English Journals, where notice is taken of the practice adopted by Drs Dean and Little of treating the disease by this topical application, it is observed, that Mr. Brodie had found it efficacious, but that it was attended with the serious inconvenience of inducing salivation. This circumstance is also mentioned by Dr. Dean; and it will be seen, that in one of the cases to be found below, something like salivation did occur. It is also stated in the same Journal, that it occurred to Mr. Brodie, that the benefit derived was due more to the adipose matter than to the metallic oxide: & in employing a simple ointment in many instances, he found his idea correct. He also ascertained, that after its application, the patient experienced almost immediate relief, and the disease seemed to go thro' its

stages more favourably than under ordinary circumstances - In pursuance of the plan which we have adopted, we will insert some cases, in which the mercurial ointment was employed.

Case 1st — Mrs S——, a widow, ætat: ann: 60, was attacked with Erysipelas of the face on the 18th June 1827. For a day or two previous she was affected with the usual precursors, as pain in the head, nausea & sickness at stomach, furred tongue, loss of appetite &c. Complains of a burning pain in the part (the right side of the face); which was ~~remarkably~~ also red and swollen; sickness at stomach, pain in the head; pulse full & frequent, tho little fever was present: has taken a dose of salts. Directed to continue the salts with free dilution, to restrict her diet, and to apply the Mercurial ointment. [19th] Redness and swelling slightly increased; pulse frequent and full, tongue foul, and an increase of sickness at stomach: experienced a severe chill early in the morning. Directed ℞ad ℥x: and freely drink of a solution of Supertart: Potass: — Continue ointment. [20th] Redness disappearing on right side of the face, but affecting the left: pulse rather feeble and less frequent; tongue moist and slightly furred: sickness subsided. — Directed Senna and Manna: - and continue ointment.

[21st] Patient much better; no febile symptoms: complains merely of sore-

ness of the scalp & back of the neck: eruption has spread, but less vivid: pulse feeble: several stools procured by medicine:— Drink freely of diluents, and continue ointment. [22d.] Eruption very faint and hardly perceptible: complains merely of debility: & on the 23d discharged.

In the above case, the patient has been attacked several times in the course of a very short period, and stated that of all external applications she had ever made use of, the mercurial ointment succeeded best.

Case 2d.— Mrs D——. Christian St.— Taken this morning [July 1. 1827] with rigors and bilious vomiting: Complains of headache, cramps in her legs, skin hot, pulse full: bowels moved three times early this morning— Directed ℞ ad ℥x et ℞. Hydrarg: Subm: gr. j every hour— In the evening; blood sizy: vomiting ceased: bowels unmoved, skin hot: pulse full: Continue powders, and at bedtime take Potass: Nit: ℥j: Spt: Eth: Nitros: et Syrup: Limon: aa ℥j:— Aquæ ℥vj Mett ft: haust: [2d.] Rested tolerably last night: one dark stool: skin hot: ℞. Sulph Magnes: ℥j— [3d.] Morning.— Medicine operated well, the first discharges being dark and the succeeding ones natural as to colour: skin cool, and no complaint made. At 2. P.M.— a paroxysm of fever with delirium & great restlessness,

and impatience, more mental than corporeal — ℞. Potass: Nit: ʒj — Spt: Æth: Nit: Syrup: Limon: aa ℥ij — Aquæ ℥iss — ft Haust: [4th] Skin hot, frequent full pulse: bilious vomiting: dark stools, and uneasiness in the right side of the neck. ℞. Hydrarg: Subm: grj every hour: — Sulph. Magnes: ℥j in divided doses: In the Evening stomach composed: several dark stools from medicine: Erysipelas of right ear and cheek: apply Mercurial ointment & continue. — [5th] Passed a bad night; much delirium: inflammation not so red, [perhaps from the colour of the ointment]; but extending gradually towards the middle line: skin hot: stomach composed, & stools dark: — ℞. Potass. Sulph: ℥ss: — Ant: Tart: gtj — Aq. Bullient: ℥vj ft. Solut — Take ℥ss every two hours: and continue ointment. [6th] Had rather a bad night: considerable delirium: inflammation extended to the margin of the nose: skin not so warm: pulse not so full: tongue furred: continual thirst: frequent dark stools: — Continue. [7th] Passed a tolerable night: inflammation extended to the nose: skin very little above natural temperature: pulse rather frequent: complains of considerable discharge of viscid saliva from the mouth: no mercurial fœtor: several stools of a lighter colour: — Continue. [8th] Skin cool and moist: pulse soft

tho' rather frequent: stools of a lighter colour: Inflammation has extended to the nose— Continue.—[9th] Skin cool: nose swelled & slight tumefaction of the left eyelid: stools dark: ℞. Magnes. Sulph. ℥j:- Magnes: Ust: ℥ij in divided doses.— Continue ointment.[10th] Eruption fading.[11th] Still fading. On the 12th Patient convalescent.

The Narcotics and Astringents comprise a variety of applications: among them are the simple solution of opium, warm or cold: Laudanum: or the same combined with some of the cooling salts; the different preparations of Lead, as the Acetate: Goulard's extract &c: & vegetable astringents, as Galls. We have already mentioned the reason for their having been struck off the list of remedial resources in this disease. But like all others, they have had their advocates: and some of these too of high reputation. Armstrong states that he has never known an instance of Erysipelas having been repelled by cooling saturnine lotions, though he has seen them very often used. They are in fact one out of only two topical applications, to which he is favourable. In this city, cold applications are employed by many of our most esteemed practitioners, & among them Professors Chapman & Gibson. The former prefers a mixture composed of Leadwater, Laudanum, & the Spiritus Mindereri: & the latter

a warm solution of opium. A Physician in one of our Dispensaries lately informed us, that he had been in the habit of using, for the last 18 Mos, a strong solution of opium & acetate of Lead [as opii gr. x – Acet: Plumbi ℥ss or ℥ij in a quart of water] with almost invariable success. No cases of metastasis ever occurred to him from its use [and he has employed it in very many]. In one case the inflammatory symptoms were subdued in less than 24 hours.

We have only one instance in which the powers of opium alone have been tested as an external application.

Case. — Catherine R——. Nov. 5. 1825. Attacked with Erysipelas of the face: hot skin: frequent and full pulse: – Directed V.S. ad ℥xij et ℞. Potass Sulph: ℥ij. — Ant: Tart: grss. – Aquæ – ℥iv – Take ℥ss every two hours & apply solution of opium. [6th.] Medicine produced several dark stools: swelling and redness increased: eyelids closed: tongue dry: skin cooler. Continue. — [7th.] Increase of fever: face easier & less swelled: – Directed V.S. ad ℥x & continue. [8th.] Erysipelas disappearing: skin cool & pulse natural: Continue application: [10th.] Improving rapidly: —

The next external remedy we propose to speak of, are blisters. These have been either applied directly to the part affected, or somewhere in its vicinity. They are supposed to act in the first

instance by emptying the vessels of the part, and thus producing a termination in Resolution: and in the second instance, by revulsion, or by enticing as it were the disease from the part on which it had located itself, to another. In either way however they act beneficially: tho' they have been said to have proved injurious in some instances. Willan prefers their application between the shoulders; and when the face and scalp are the seat of the disease, has derived manifest advantage from them: he objects positively to their being applied to the part itself. Another celebrated author makes use of them in the same way, or over the region of the stomach.

Desault disapproves of them always, and relates an instance of their injurious tendency. The late Dr. Dorsey considered them a remedy of great efficacy, occasioning in some cases an immediate cessation of the disease. The late Dr. Pfeiffer is related by him to have also employed them. The present Professor of Surgery follows the practice recommended by his predecessor: and states that he has never observed their use to be followed by troublesome sores, when applied to the diseased surface, as Mr. Pearson has asserted. But although we are averse to express an opinion contrary to that entertained by the last mentioned authority, & although we are aware of the benefit to be

derived from them, yet we cannot avoid believing, that as in the majority of instances the disease is mild, it would be better to first try means less severe, & which are quite as efficacious: since, independent of the liability of the occurrence adverted to [the production of troublesome sores], they would give rise to more suffering than the disease itself would create. We should suppose likewise that objections would very frequently be made by patients to them. But however much we are averse to their direct application: their utility when placed near to the seat of the disease, reasoning from analogy, must be very great: particularly where coma & delirium prevail to a great extent. But even here they ought not to be used, until the violence of constitutional symptoms has been subdued by bleeding and purging.

We cannot conclude our remarks on external remedies, without adverting to two others made use of by some. These are Cataplasms & Scarifications: the former employed & preferred to all others by Pearson. He directs them to be made of the powders of anniseed & fennel; of chamomile flowers &c, mixed with linseed or oatmeal & a strong decoction of poppy-heads. We cannot ascertain whether or not his plan is followed by any practitioner in this city.— It is generally supposed that scarifications were first

proposed and introduced into practice by Mr. Hutchinson as remedial resources in the cure of Erysipelas; but from inquiry it appears, that [though Mr. H. was not aware of the fact] so far back as the time of Dr. Friend, a practice similar to his prevailed. For the latter in his 'History of Physick' [printed in 1709] observes that "in an Erysipelas, scarifying the part, when the membranes are loaded and thickened, will often remove the inflammation in a very sudden and surprising manner".

The operation consists in making, according to the diseased extent, and the part affected, a number of free longitudinal incisions from an inch to an inch and a half in length thro' the integuments & down to the muscles, & previous to the formation of any matter. The method is said by him to be of great utility, but so far as we know, has been little practised by others. In fact we can hardly suppose the remedy to be applicable to the disease when occurring in the face: and he says himself, "we should be cautious how we disfigure the face by such incisions": having only employed it in those cases ~~where~~ where the disease was seated upon the extremities & trunk and which supervened to local injuries.—

The following case will finish all we have to say on the subject of the treatment of Erysipelas. The details of the

case, from the time of attack until the patient was admitted into the Hospital were furnished us by Dr. B——. of this city. It is retained until the last, as it is interesting from its combining all the varieties of topical applications which have been mentioned: and also as it tends to show to what an extent the disease may be carried, involving a number of parts, and threatening even the life of the patient.

Case. "Margaret Kerr was attacked on 22d May with a slight Erysipelatous affection of the right side of the face, proceeding, as she supposed, from wearing a ring of base metal in her ear, which had been bored a few days previous. On the 24th, when I was called in, the inflammation had travelled up to the right eyelid, which was much tumefied: The skin was of a deep red tinge: and had a sensation of burning: there was nausea, retching and thirst: the tongue was heavily coated with a white fur on the sides, and a blackish incrustation in the centre: the pulse was rather full and strong. Concomitant with these, there was also costiveness and pain in the head: She was bled to the amount of ℥xij, and took an Emetic. [25th.] The symptoms had increased: the disease now extended across the nose and up to the forehead: slight delirium & watchfulness. She was purged with Calomel, to be worked off with Senna and Manna: a fold of linen soaked in a strong solution of

the sugar of lead was kept constantly applied to the inflamed part and she was allowed Cream of Tartar water to drink. On the 26th there was rather an increase of the disease. Directed a laxative febrifuge mixture, consisting of Epsom Salts, Nitre and Tartar Emetic. The lotions were discontinued, and the mercurial ointment was applied. On the 27th the disease had reached the left eyelid and side of the face: the delirium was very considerable: the same treatment continued. On the 28th there were some indications of approaching gangrene, and a blister was applied over the whole face, the drawing of which produced considerable releif. On the 29th a large slough had separated on the right eyelid. The left eyelid, which was threatened with a similar affection, was scarified with a lancet, and a cloth wrung out of a strong decoction of Poppy heads was applied to the whole face. The Denarcotised Tincture of Opium was administered, which produced the first composure the patient had experienced since the first attack. The next day the patient was removed to the Penna. Hospital"

At the time of her admission into this establishment, when we first saw her, the disease was at its height, it being the 8th or 9th day. The inflammation and tumefaction was extended over the cheeks, temples, forehead &c, and the whole appearance of the patient was disgusting.

The cellular membrane in both lids was in a sloughy state. Sinuses afterwards formed, and the sloughs were discharged. The parts were so much swollen, that the precise condition of the eyes could not be perceived. This however in a short time somewhat subsided, when it was found that the right eye was safe; but the left had its conjunctival covering villous, red and granulating, with a small abscess in it: the cornea was also in a sloughy condition. The treatment, during the three first days of her admission, consisted in moderate purging, applying cloths wrung out of a solution of Acetate of Lead to the part, and allowing her a light and nourishing diet. To destroy the exuberant granulations, the nitrate of silver was applied. (June 2.d) 50 Leeches directed to be applied to left side of the face around the lid:- which drew freely and were of considerable benefit. (6th.) Inflammation much reduced: left eyelid still much swollen: a simple ointment directed to it. (9th.) Inflamm.n & swelling still more reduced in face & other parts except the left eyelid, which suppurates & discharges sloughs: some pain felt in it: Leeches again directed, and after their application a poultice: bowels kept open: diet same. (13th.) Lancinating pains felt in the diseased eye: not much benefit derived from the previous applications. The Solution of Acetate of lead had been again resorted to: and its use was alternated with that of an infusion of Hops: a blister directed to the part. This latter producing little effect,

it was thought advisable on the 15th to commence with a course of Mercury. Accordingly Calomel & opium were directed in the proportions Hydrarg: Subm: gr xx — Pulv. Opii gr x — ft. Pilul. No xx — one to be taken twice a day — & active purges at night. As improvement took place until the mouth became touched by the Mercury; when its beneficial effects became manifest, in reducing the swelling &c. During this period the patient was allowed a generous diet: and a solution of Nitrate of Silver was injected several times under the lid, [proportion gr j. to ℥j of water]. Under this latter treatment the disease was arrested; and the patient recovered her health & strength: fortunate perhaps we may say, in retaining the integrity of one eye at least. —

But after all that has been said, particularly on the topical treatment of Erysipelas, what conclusions are to be drawn? The results of our cases at least will not warrant us in acknowledging the superiority of one external remedy, over another: or in placing our dependence on any one particular remedy: or in regarding any one as a specific for the disease. In fact, as in all other inflammatory affections, so in Erysipelas, all remedies may fail. Specific diseases may admit of specific remedies; but Erysipelas cannot certainly be regarded a specific disease, as, we

hope, has been sufficiently proved: and we can safely assert that all the notions respecting the propriety, or impropriety of certain applications have arisen from the erroneous idea of its being such. If a strict attention be paid to the effects produced by the different local means enumerated, it will be found, at least in most instances, if not in all [unless the use of the strong solution of Acetate of Lead and opium prove an exception, & which acts as a pure repellent of the eruption]; the disease will, in defiance of them, run its course, and will travel over various distances, and be of various extent, according to the intensity and duration of the febrile symptoms, and the constitution of the person attacked.

But although we take this view, viz that these different topical applications have not the power to cut short the progress of the disease, yet it is far from our intention to undervalue their merits in reliving and subduing the burning pain and irritation, which are always experienced, and which, on some occasions, form the most distressing features of the disease — We are unable to give a decided preference to any one application for this purpose, from experience: but we feel most favourably inclined to the Solution of Acetate of Lead and opium, made weak and applied cool. —

We have now offered all the important

information which we have been able to obtain respecting Erysipelas.

The authorities we have consulted are numerous and respectable: the extracts we have made from them are copious, and, as we believe, bearing upon the subject: and although the remarks which we have ventured to make are imperfect and presented with diffidence, yet a confident hope is entertained that you will, on the present occasion, extend that liberal indulgence you have ever shown to the dissertations presented by the candidates for medical degrees.